FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

| OMB APPROVAL | | | | | | | | | |
|-------------------|-----------|--|--|--|--|--|--|--|--|
| OMB Number: | 3235-0287 | | | | | | | | |
| Estimated average | hurdon | | | | | | | | |

0.5

hours per response:

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| | | | | | | | . , | | | | | | | | | | | | | | |
|--|---|--|--|------------|-------------|---|---------|---|--|--|----------------------|---|----------------|--|---|--|---|---|---|---------------------------------------|--|
| 1. Name and Address of Reporting Person* Hagedorn Partnership, L.P. | | | | | | 2. Issuer Name and Ticker or Trading Symbol SCOTTS MIRACLE-GRO CO [SMG] | | | | | | | | | 5. Relationship of Reporting Person(s) to Issuer (Check all applicable) | | | | | | |
| <u>riagedom Farmersinp, L.F.</u> | | | | | | | | | | | | | | | Direc | ctor | X | 10% C | wner | | |
| (Last) (First) (Middle) 800 PORT WASHINGTON BOULEVARD | | | | | | 3. Date of Earliest Transaction (Month/Day/Year) 07/31/2009 | | | | | | | | | | | Officer (give title below) | | Other below) | (specify | |
| (Street) PORT WASHIN | NGTON N | Y 1 | 11050 | | 4. If | 4. If Amendment, Date of Original Filed (Month/Day/Year) | | | | | | | | Individual or Joint/Group Filing (Check Applicable Line) X Form filed by One Reporting Person Form filed by More than One Reporting Person | | | | | | | |
| (City) | (\$ | state) (| Zip) | | | | | | | | | | | | | reis | OII | | | | |
| | | Tabl | le I - No | n-Deriv | ative | Sec | curitie | s Acc | quired | , Dis | sposed o | f, o | r Ben | efici | ally | Owne | ed | | | | |
| 1. Title of Security (Instr. 3) 2. Transact Date (Month/Date) | | | | | Execution D | | Date, | 3. Transaction Code (Instr. 8) | | 4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 4 | | | | 1 and 5) Secu Bend Own | | urities eficially led Following | | wnership n: Direct or Indirect nstr. 4) | 7. Nature of Indirect Beneficial Ownership (Instr. 4) | | |
| | | | | | | | | | Code | v | Amount | | (A) or (D) | Price | | Reported Transaction(s) (Instr. 3 and 4) | | | | (msu. 4) | |
| Common Shares 07/33 | | | | 07/31 | 1/2009 | | | | S | | 147,29 | 00 D \$39 | | \$39 | .01 19,967,385(1) | | | D | | | |
| | | Та | | | | | | | | | osed of, onvertib | | | | | vned | | | | | |
| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deem Execution if any (Month/Da | Date, Tran | | ction Instr. | of | | 6. Date Exercis Expiration Dat (Month/Day/Ye | | te | 7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4) | | | Deri Secu | rice of ivative urity tr. 5) | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction (Instr. 4) | Ownersh Form: Direct (D or Indirect (I) (Instr. | Ownership Form: | Beneficial Ownership (Instr. 4) | |
| | | | | | Code | v | (A) | (D) | Date Exercisa | able | Expiration Date | Titl | or Nu of | nount mber ares | | | | | | | |

Explanation of Responses:

1. The number of common shares has been adjusted to reflect the 2-for-1 stock split by The Scotts Miracle-Gro Company on November 9, 2005 to shareholders of record on November 2, 2005.

Remarks:

/s/ Rob McMahon - Attorney-

in-Fact

** Signature of Reporting Person Date

08/04/2009

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- * If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.